

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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| 1. File Number U - <u>6281</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u> |
| 3. Name and address of person filing. Name <u>Thomas J Ritchie Sr.</u> P.O. Box, Bldg., Room No., if any Street <u>1644 Spaulding Road</u> City <u>Dayton</u> State <u>Ohio</u> ZIP Code + 4 <u>45432</u> | 4. Name, file number, and address of labor organization. Name <u>Ohio Council 8, AFSCME, AFL-CIO</u> Labor Organization File Number <u>512 907</u> P.O. Box, Building and Room Number, if any Street <u>6800 North High Street</u> City <u>Worthington</u> State <u>Ohio</u> ZIP Code + 4 <u>43085</u> |
| 5. Position in labor organization. <u>Dir. of Field Services & Organizing</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|--------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Thomas J. Ritchie Sr.</u> | On <u>3-7-06</u> Date | <u>937-258-8347</u> Telephone Number |

| | |
|---|----------------|
| Name of Person Filing Thomas Ritchie Sr. | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/> Ohio AFSCME Care Plan</p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/> 1603 East 27th Street</p> <p>City <input style="width: 80%;" type="text"/> Cleveland</p> <p>State <input style="width: 20%;" type="text"/> Ohio ZIP Code + 4 <input style="width: 20%;" type="text"/> 44114</p> | <p>11.a. Nature of such dealing.</p> <p style="font-family: monospace;">The Ohio AFSCME Care Plan is a Taft-Hartley fund that provides supplemental health care, life insurance, and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/> \$615,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="font-family: monospace;">Reimbursed and paid expenses for Thomas J. Ritchie, Sr. to attend the June 27, 2005 and June 28, 2005 Ohio AFSCME Care Plan Board meeting.</p> <hr/> <p>12.b. Amount. <input style="width: 100px;" type="text"/> \$269</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment. <input style="width: 100px;" type="text"/></p> |

Name of Person Filing Thomas Ritchie Sr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Ohio AFSCME Care Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1603 East 27th Street

City Cleveland

State Ohio

ZIP Code + 4 44114

11.a. Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft-Hartley fund that provides supplemental health care, life insurance, and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Thomas J. Ritchie, Sr. is a trustee of the Ohio AFSCME Care Plan.

11.b. Approximate dollar value of such dealing.

\$615,000

12.a. Nature of interest held or income received.

Reimbursed expenses for Thomas J. Ritchie, Sr. to attend the annual Employee Benefits Conference held in Honolulu, Hawaii from November 11, 2005 through November 18, 2005. Flight expenses of \$844.55, and Conference pre-paid expenses of \$2689.64.

12.b. Amount.

\$3,534